MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007088
STATE FILE NUMBER

AMENDED ✓

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 555

FILED VS MAR 7 1961

1. PLACE OF DEATH
a. COUNTY St. Louis.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights, Mo. Length of stay in 1b 2 Wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY
c. CITY OR TOWN St. Louis. Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) # 10 Plaza Square Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Ada Middle: Meyers Last: Burke
4. DATE OF DEATH Month: February Day: 24, Year: 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9/30/1891
9. AGE (last birthday) 69
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Ste. Genevieve, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Charles Meyers
13b. MOTHER'S MAIDEN NAME Amanda Hipes
14. NAME OF HUSBAND OR WIFE Thomas Burke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO. None
17. INFORMANT Bernette Bader, Address Ste. Genevieve, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Dev.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 1, 1961, to Feb 25, 1961 and last saw her alive on Feb 25, 1961
Death occurred at 11:40 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. C. MacDonald (Degree or title) MD
22b. ADDRESS 4161 Lindell Blvd
22c. DATE SIGNED 2-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-27-61
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) Ste. Genevieve, Mo.
24. FUNERAL DIRECTOR Jerry Stanton, ADDRESS Ste. Genevieve, Mo.
25. DATE RECD. BY LOCAL REG. 2-27-61
26. REGISTRAR'S SIGNATURE John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.